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EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING (IF APPR	OPRIATE
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EXAMINER	DOCUMENT NUMBER DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION		
INITIAL						YES	NO
05	EP0424648A2	09/05/90 E	urope				
DS	EP0477786A20	09/20/91 E	urope			_	
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DATE CONSIDERED **EXAMINER**

*EXAMINER: INITIAL IF CITATION CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 609; DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED, INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT.